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Facsimile Transmittal

DATE: November 29, 2004

TO: USPTO

ATTN: EXAMINER Gandhi

RE: Serial No. 10/010,199

FAX : (703) 872-9306

FROM: George C. Pappas

Number of Pages Sent: (including this transmittal cover sheet)

ATTACHED HERETO IS AN AMENDMENT TRANSMITTAL FORM IN
(1) PAGE; AND AN AMENDMENT IN (18) PAGES; AND
REPLACEMENT FIGURE 1.
PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (703) 872-9306. Attention Office of Amendments, on:

11/29/04

(Date of Deposit)

Darla D. Kasnyedo

(Name of the Person Making the Deposit)

(Signature)

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 010544
In Re Application of: Brian K. Butler
Serial Number: 10/010,199
Filed: 12/4/01
Examiner: Dipakkumar Gandhi
Group Art Unit: 2133RECEIVED
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Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entry Fee	Fee Paid
Total*	32	32		x \$18 =	\$0
Independent**	9	8	1	x \$86 =	\$86
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$290	\$0
EXTENSION FEES				<input checked="" type="checkbox"/> One Month	\$110
				<input type="checkbox"/> Two Months	\$420
				<input type="checkbox"/> Three Months	\$950
TERMINAL DISCLAIMER				\$110	\$
				TOTAL FEE	\$196

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$196. The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 11/29/04

Signature:

George C. Pappas, Reg. No. 35,065
858-651-1306QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Daria Kasmado
(type or print name)

Date: 11/29/04

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name:

(type or print name)

Signature:

(TRANSAMD.VER1.13-07/30/03)

Nov-29-2004 03:37pm From:8588456880
Amdt. dated: 11/29/04
Reply to Office Action of 8/25/04

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T-648 P.003 F-467

NOV 29 2004

PATENT
Docket: 010544

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Brian K. Butler Serial No.: 10/010,199 Filed: December 4, 2001	For: ERASURE-AND-SINGLE- ERROR CORRECTION DECODER FOR LINEAR BLOCK CODES Group No.: 2133
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AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated August 25, 2004, the time for responding having been extended until November 29, 2004 (November 25th is a holiday), please amend the above-identified application as follows:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Depositor's Name: _____
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Date: 11/29/04

FACSIMILE

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Depositor's Name: Darla Kasnedo
(type or print name)

Signature: _____